

Revised March 24<sup>th</sup> 1825.

An account  
of a case  
of  
Murrprenal Fever

by  
William<sup>MD</sup> Penn<sup>MD</sup> Mearns

of  
Virginia

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## Therpepal Fever

In thus offering as one of the Tests of my medical acquirements an Inaugural dissertation I am aware that nothing original or any thing replete with substantiated facts from my own experience are expected, many causes are combined to render such a production impracticable, these causes I shall not minutely detail, sufficient <sup>it</sup> to say that the allwise author of my Nature has not endowed me with talents by which I can at the slightest glance dive into the mysteries of our science; and, secondly the limited period which embraces my medical career has not afforded me a single opportunity by which I can bring to bear a stock of knowledge additionally interesting or amusing, all that I shall attempt in this place is simply to give a tolerably correct account of a case of "Therpepal Fever" which presented itself to my own immediate observation, for I deem'd it interesting so far as that it was confirmatory

...the offering as one of the best of my  
...agreements in the present  
...that nothing is required as  
...white with the intention of  
...own influence and exerting  
...course was intended to be  
...a position in the  
...I shall not mention it  
...to say that the  
...has not been in  
...of which I am at the present  
...the opinion of  
...the limited time  
...my mind some doubt  
...a high opportunity of  
...to have a look of  
...in writing or sending all  
...I shall attempt to do  
...to give a sketch of  
...of the kind  
...itself to my own  
...for I have not  
...that it was



evidence of the practice heretofore  
pursued in this affection, even in  
this I may fail if so I have a  
remaining consolation that every allowance  
will be made by its wise and compassionate  
examiners that come within the limits  
of propriety. In reviewing the many important  
subjects which arrest the attention of the  
physician I have chosen one of a  
practical nature and one which has  
received the attention of some of the  
most distinguished writers of the past  
or present day. It may naturally be  
asked why I have chosen to make a  
simple detail of facts answer the  
important purpose of an inaugural  
thesis: To this I can give the reason  
above stated or in other words that  
I am incompetent to a higher task.  
There has been much contrariety of  
opinion existing respecting the causes  
of this disease from the days of Hippocrates  
to the present, some having asserted



positively that the origin of it depended upon certain states of the atmosphere but from what circumstances this opinion could have originated it remains not for me to decide. Others again have supposed that it depended upon an obstruction of the Lachial discharge while others with equally erroneous ideas have attributed it to a translocation of milk, from taking cold, from some offending and vitiated matter in the primæ viæ, from an absorption of the Lachia in a state of putridity, from contagion, and from some injury received in parturition. From my imperfect and limited views of this most important disease there cannot be stranger or more imposing evidence adduced in support of its being purely a most inflammatory affection than simply the state into which the uterus is thrown



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in the process of parturition, for  
subsequent to the separation of the placenta  
can the uterus be viewed in any other  
light than that of a recently wounded  
member to which inflammation may  
be very readily imparted, more  
particularly if the Lochial discharge  
as I believe it almost always is in  
this disease be diminished or  
suppressed. And in addition to this natural  
predisposition which this viscus has to  
take on the inflammatory diathesis, may it  
not be increased by a very frequent  
and the universal practice with  
midwives of making too frequent and  
unnecessary examinations of the os uteri  
and too hastily retracting the placenta  
for it is quite rational to suppose  
that much excitement may be the  
consequence of such proceedings on the  
part of the practitioner, for may not  
the uterus itself receive some injury? or  
it may contract on a small portion of



the afterbirth left attached to its <sup>interior?</sup> interior  
 any of these causes might act as  
 powerful excitants towards the production  
 of this affection. Cold I believe is  
 very frequently a most prolific cause  
 of this disease as has been supposed  
 by some writers on this subject, but  
 still I am of opinion that it more  
 generally proceeds from some injury  
 sustained in the process of parturition  
 either natural or artificial, I wish to  
 be understood relative to the terms  
 natural and artificial parturition,  
 The first implies the natural efforts  
 made by this organ to expel its  
 contents and the second that  
 assistance which is required to  
 promote those efforts. The uterus  
 is generally in a weak and relaxed  
 state subsequent to parturition and is  
 not this condition particularly inviting  
 to disease and I should imagine that  
 this state of the uterus conjoined







to the other circumstances which I have mentioned would be amply sufficient to the production of this disease without calling into requisition the many other supposit causes of it, such as atmospherical influence, translocation of milk &c. But be the cause what it may if we were solicited to attend a patient after delivery and found her labouring under violent inflammatory symptoms such as fever with all of its concomitants, with pulse strong and preternaturally quick and full, the skin hot and dry, the tongue foul and parched, with great uterine pain and distention, respiration hurried and laborious, the secretions either diminished or suppressed and finally if we saw our patient recover under the administration of those remedies which are calculated to combat inflammatory action. Now what inference should we draw from these



phenomena? Should I not be justifiable  
in pronouncing this to be purely  
an inflammatory affection seated and  
originating in the uterus and involving  
the peritoneum and adjacent parts  
through the medium of sympathy or  
nervous influence. It is a question  
which has divided the sentiments of  
many of the best writers whether Purpura  
Febrilis be an infectious disease or  
not; of this subject I will say nothing  
for one very obvious reason because  
I feel much difficulty in coming to  
a satisfactory conclusion upon this  
subject. Though I should suppose  
that those persons who presumed this  
disease to be a modification of  
the common Hospital or jail fever  
should on the very same principles  
believe it to be an infectious  
disease. But if the disease <sup>is</sup> of this  
nature I can see no reason why  
it should not communicate a putrid



fever to persons not in the Purpuræ  
state which in my opinion never happens  
and why should this disease be any more  
infectious than Hepatitis, Pleuritis or  
any other disease of high inflammatory  
action and I believe if ever symptoms  
of putridity do supervene they are the  
products of the preceding state of  
excitement and it is my firm  
belief that if a practitioner contents  
himself in waiting for the accession  
of the putrid symptoms to satisfy himself  
of the nature of this affection  
he would most unquestionably consign  
half of his patients to an untimely  
grave. These then are my very  
limited views of this most important  
affection and I will now proceed  
to a succinct description of its  
symptoms with the treatment which  
was found best adapted to its  
cure. November 22<sup>nd</sup> 1823. Case. I  
was requested to visit a woman



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When I found labouring under the symptoms  
of Puerperal Fever. On the third day after  
having been delivered of a dead foetus  
she was attacked with a chill followed  
by considerable fever and general  
excitement throughout the whole system  
accompanied with nausea and vomiting  
after which she complained of much  
universal uneasiness about the uterine  
Region which gradually increased to  
violent pain, attended by a general  
tumefaction and enlargement of the  
abdomen which was, when press'd upon,  
productive of excruciating pain. The  
Tongue was encrusted with a thick  
and tenacious fur, the secretion of  
milk was suppress'd as also was the  
lochia; the respiration was hurried  
and laborious and the pulse being  
one hundred and twenty in a minute.  
The depletory practice being now indicated  
I accordingly drew from the arm by a  
large orifice about twenty ounces of blood







which produced some degree of syncope  
 after which I administered twelve grains  
 of Calomel in mucilage of Elm-bark to  
 expedite the operation of which I administered  
 two drachms of Epsom salts every hour  
 untill copious fecal evacuations were  
 produced. November 23<sup>d</sup>. I again visited  
 my patient and found that the  
 medicine which I prescribed had  
 operated and many copious stools had  
 been procured which were uncommonly  
 offensive and resembled Coffeegrounds in  
 appearance. The nausea and vomiting  
 with the violent pain in the  
 uterine region had subsided which  
 however was still tender on pressure.  
 The febrile symptoms continued the  
 same except that the pulse was rather  
 softer. Finding my patient so much on  
 the mend I prescribed nothing but  
 a continuation in the use of the saline  
 lavature for the purpose of keeping her  
 bowels in a soluble state. November 25



I visited my patient again and was surprised  
to find ~~my patient~~ <sup>her</sup> much worse. Though there  
was another train of symptoms which presented  
themselves; there was much pain in the  
right side, laborious respiration which  
was rendered much more harrowing  
by a continual hacking cough for the  
relief of which I prescribed a large  
distorting plaister over the seat of  
pain with a dose of ten grains of  
the compound powder of Spoucunaka  
at night. November 26<sup>th</sup>. Was pleased  
to find that the vesicating application  
had performed its office well and  
that the compound powder of Spoucunaka  
had the desired effect of relieving  
the pectoral symptoms and procuring  
for this poor woman a refreshing  
night's rest to which she had been  
a stranger. There was infinitely less  
tenderness over the womb and the pulse  
had diminished in frequency five  
beats in a minute. The bowels



not continuing in as soluble a condition  
as I could have wished I ordered half  
an ounce of Opium to be administered  
and the same quantity to be repeated  
an hour afterwards. November 27<sup>th</sup> I was  
informed that my patient was evidently  
worse, I repeated my visit again and  
found that the pain in the uterus  
and abdomen had returned with  
redoubled violence, the pulse which  
had been previously only one hundred  
and fifteen had now risen to  
one hundred and thirty in a minute.  
I determined again to have recourse  
to bloodletting as it had been of  
infinite service as heretofore observed.  
I accordingly drew from the arm  
twelve ounces of blood which again  
induced a slight degree of faintness and  
on the recovery of my patient from  
the effects of venesection she expressed  
herself much better. This bleeding  
conjoined with the Castor oil previously



exhibited had the wished for effect  
of relaxing the bowels so that four  
evacuations were solicited which were  
natural in comparison to those before  
mentioned. There was now only a slight  
pain which was referred to the uterus  
the skin was warm though not natural for  
it was not equally diffused over the  
surface, the pulse was one hundred  
and ten beats in a minute, the lochia  
had returned and emitted an extremely  
offensive and penetrating odour.

November 28<sup>th</sup> I repeated my visit and  
was much surprised to find that this  
woman was again much more indisposed,  
there was much irritability of the system  
and in fact the whole train of febrile  
symptoms much augmented, I attributed  
this irritability to the premature application  
of a blister. To relieve these symptoms  
I resorted once more to bloodletting with  
evacuations of the alimentary canal this  
I effected by administering calomel and







24 Rhubarb in combination ten grains of the former to twenty of the latter given in mucilage of Elm bark. I was again happy in observing that my patient was once more relieved by venesection and the purgative plan of treatment but postponing the former for no less than an hour after having bound up the arm this woman sank into a sweet and natural sleep which lasted for some hours, the pulse was now soft and unresisting and was less than one hundred beats in a minute, the tongue was clean and moist and presented an aspect quite different from any which I have ever read of. It had the appearance of a very dark red But or rather of a liver colour which was irregularly studded with small white raised points or papillae which were about the size of mustard seed. When I first observed this peculiar state of the tongue I was almost led to believe that there was mortification about to supervene



but on reflection I determined this  
 could not be the case for there was  
 not a symptom present which could  
 warrant such a conclusion. This woman  
 gradually recovered with no other mark  
 of disease than that of a slight headache  
 and sick stomach which was promptly  
 relieved by the exhibition of an emetic.  
 With this then I conclude what I have to  
 say on Puerperal Fever which is most  
 respectfully inscribed to each of you, and  
 that you may enjoy a long life as useful  
 in imparting knowledge to others and in  
 mitigating the sufferings of your fellow creatures  
 is the sincere wish of your friend & pupil  
 William Penn Pleasants

